

concern every Member of the U.S. Senate.

So the question for the United States and the international community is, How do we respond? What do we do? We cannot let this circumstance continue.

Thankfully, supported by a growing diplomatic coalition that includes Mexico, Brazil, Costa Rica, Peru, Canada, and the United States, the Secretary General of the Organization of American States, Luis Almagro, is marshalling international pressure. Mr. Almagro has called on President Maduro to heed the demands of his citizens, free political prisoners, permit the delivery of humanitarian assistance, commit to a timetable for overdue elections, and restore the authority of the National Assembly.

However, despite Mr. Almagro's leadership, the results of last week's meeting of Foreign Ministers was a stunning failure to reach consensus on a hemisphere response. Appallingly, eight countries refused to vote their conscience, among them Haiti, the Dominican Republic, Ecuador, El Salvador, Trinidad, and Suriname. They did not use the power under the OAS to recognize that Venezuela today is not living up to its charter commitment to be a democratic state. There is a process at the OAS to take action. They were unable to do that—a major setback.

As efforts at the OAS continue, all must remain clear that there are no alternative facts when it comes to Venezuela, there is just a manmade tragedy that demands collective action.

While providing full support for multilateral diplomacy, the United States must also lead. In May, I introduced bipartisan legislation to address the multifaceted crisis in Venezuela. My bill will authorize humanitarian assistance and require the State Department to coordinate an international approach to humanitarian challenges. The legislation will also provide strong congressional backing for OAS efforts, as well as funding for international election observers and civil society groups working to defend human rights and democratic values.

Given the rising instability in Venezuela, the bill would codify two lines of targeted sanctions against Venezuelan officials involved in corruption and undermining democratic governance—the very authorities the administration used to rightly sanction members of the Venezuelan supreme court last month.

Congress should act, as we have done in so many other places where we show congressional leadership to make it clear that this type of activity will not be allowed to continue and that Congress will take a strong position to give appropriate authority to sanction those individuals who are responsible.

Finally, the bill would require the State Department and U.S. intelligence community to prepare a report on the role of Venezuelan officials in corruption and drug trafficking.

As the instability in Venezuela grows, every day we decide not to act only makes the crisis worse. I urge my colleagues to work with legislation I have filed. Let's work with the Congress and the President to make it clear to the Venezuelan people they are not alone, and we will not tolerate a country in our hemisphere to become a failed state.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. CORKER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### CORRECTING THE ENGROSSMENT OF S. 722

Mr. CORKER. Mr. President, as in legislative session, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 210, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 210) to correct the engrossment of S. 722.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CORKER. Mr. President, I know of no further debate on the measure.

The PRESIDING OFFICER. Is there further debate?

Hearing none, the question is on agreeing to the resolution.

The resolution (S. Res. 210) was agreed to.

(The resolution is printed in today's RECORD under "Submitted Resolutions.")

Mr. CORKER. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### DIRECTING RETURN OF PAPERS REQUEST

Mr. CORKER. Mr. President, I ask unanimous consent that the Secretary of the Senate be directed to request the return of the papers for S. 722 from the House of Representatives.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### EXECUTIVE CALENDAR—Continued

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. CORKER. Mr. President, I have six requests for committees to meet during today's session of the Senate. They do not have the approval of the

Democratic leader for the eighth consecutive legislative day; therefore, they will not be permitted to meet after 1 p.m. I ask unanimous consent that the list of committees requesting authority to meet be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Committee on Agriculture, Nutrition, and Forestry; Committee on Banking, Housing, and Urban Affairs; Committee on Commerce, Science, and Transportation; Committee on Environment and Public Works; Committee on the Judiciary; Committee on Intelligence.

Mr. CORKER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. HEITKAMP. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASIDY). Without objection, it is so ordered.

#### HEALTHCARE LEGISLATION

Ms. HEITKAMP. Mr. President, Congress and our country desperately need to have an honest, meaningful, transparent, and bipartisan conversation about improving our healthcare system. It shouldn't be a tall order, but around here things that seem common sense to the rest of the country are never simple. Instead, partisanship too often wins. We have seen that with the Senate Republican healthcare bill, as it was crafted behind closed doors without allowing any Democrats or the public to see it until it was a proposal.

It is good news that a vote on the bill was delayed, but we must continue to have this conversation as the debate continues. That bill was bad for North Dakota. Only when we seek real bipartisan solutions do I believe we will be successful in improving our healthcare system.

We need to reform our healthcare system. I have been saying it for years. In fact, I have proposed a number of fixes over the past 3½ years, but none of those fixes are embodied in the Republican healthcare bill. It is just not the right direction.

Just yesterday, I joined many of my colleagues to bring up some common-sense bills we can and should take up right now to make sure American families aren't hurt in the near term. We called on Republicans to work with us, but, unfortunately, they objected. I want to work in a bipartisan way. I want real healthcare reform. But, unfortunately, I do not believe everyone in Congress feels that way.

First, we need to talk about the facts of the Senate Republican bill—facts that are from very reputable non-partisan sources.

Earlier this week, the Congressional Budget Office issued a report reinforcing that the Senate Republican bill is just as terrible as the bill that came out of the House of Representatives a

few months ago. The Senate bill would rip away health insurance from 22 million Americans by 2026, including 31,000 North Dakotans who would lose private health coverage. You can't put a few band-aids on a bad bill and expect that North Dakota would not feel that pain.

Just as in the House bill, the biggest savings would come from severe cuts to Medicaid—a program that would see a 26-percent cut in 2026. The bill would slash a lifesaving program that 90,000 North Dakota children, individuals with disabilities, seniors, and low-income families rely on for affordable, quality care. That includes 36,000 children in my State.

The Senate Republican healthcare bill would get rid of the Medicaid expansion and cap the amount of Federal funding States can get to cover those traditional Medicaid patients. That would drastically reduce the amount of Medicaid funds going to the States. This would push those remaining costs onto States and counties that can't afford it. Importantly, it also would push the cost onto other patients. The American Hospital Association estimates that North Dakota Medicaid would lose \$1.2 billion through 2026. At the same time, North Dakota forecasts a \$46 million shortfall for 2015 through 2017—that is our biennial period—and another \$103 million shortfall for 2017 through 2018. You tell me how our State would pick up these extra costs for our families and our children. Unfortunately, we just will not be able to do it. We would be forced to discontinue care. That is just wrong.

Those Medicaid cuts would also imperil rural hospitals, which have seen their amount of bad debt fall by 45 percent because of Medicaid expansion. Helping those rural hospitals keep their doors open and deliver care close to home for farmers, ranchers, and communities is absolutely vital to rural development and vital to those people who are still working in rural America to put food on our table.

Additionally, the North Dakota Hospital Association released a study showing that healthcare and social assistance accounts for one of every seven workers in this State. I am going to repeat that: Healthcare and social assistance accounts for one of every seven workers in our State. Spending reductions under this Senate bill would curtail those jobs, hurt economic development—especially in rural communities—and make delivery of healthcare even more expensive for our rural families.

The cuts to Medicaid would take away coverage from many North Dakotans who are also seeking treatment for opioid abuse and addiction, which has reached an epidemic level in our State, as well as across the Nation. In fact, I had one North Dakota healthcare provider who was looking at providing additional behavior and mental health services. In the traditional hospital setting, about 14 to 15 percent of the patients are on Medicaid. He be-

lieves that once this hospital opens, anywhere from 60 to 70 percent of the patients will be dependent on Medicaid funding for their healthcare. If that money is not there, if there is no reliability about that money, how do we build the treatment services we need to attack this epidemic?

I want to dispel a myth about Medicaid, and that is that these are just people who can go to work every day, that they are not even working, that they are just on the public dole, and that they are just getting this money. The truth is that in North Dakota 83 percent of adult Medicaid enrollees are in families with a worker. That is a statistic according to the nonpartisan Kaiser Family Foundation.

For North Dakotans who get coverage on the individual marketplace, this bill would raise premiums 76 percent higher than what would be required to be paid under the current law. That statistic, again, is according to Kaiser Family Foundation. Seniors would be especially hard hit, with premiums more than doubling for those older than 55. The bill would disproportionately push the costs on to older Americans, who tend to live in rural communities, like all of those across North Dakota.

Under the Senate bill, in 2026 a 64-year-old with an income of \$56,800 would pay annually \$20,500 for a silver-level healthcare insurance plan. That is more than one-third of his or her entire income, and that is more than eight times what the same person would pay under the current law, which is \$6,800.

The bill would also enable insurance companies to impose lifetime maximums on coverage, once again, making it unaffordable for many people with life-threatening or long-term illnesses or disorders to get the treatment they need to live by.

This bill is a not so thinly veiled attempt to provide tax cuts for the wealthiest individuals at the expense of rural communities, like those across our State. Nearly 45 percent of the tax cuts in the Senate bill would go to the top 1 percent of incomes, those people making over \$875,000 a year. I will say that again. Nearly 45 percent of the tax cuts in the Senate bill would go to the top 1 percent of incomes, those making over \$875,000 a year, according to the Tax Policy Center.

But what is more telling about these striking statistics is the stories. I have heard from so many North Dakotans about how scared they are that this bill could pass and how it would hurt them if it ever happened. I have heard from North Dakotans with preexisting conditions, like cancer or asthma, parents of children with disabilities on Medicaid, adults with elderly patients in nursing homes, farmers and those in rural communities who rely on rural hospitals, and those receiving treatment for opioid abuse.

The consequences of this bill for North Dakotans are real. I want to tell

some of those very real stories across my State, because way too often we forget this is an issue that could not be more personal.

I want to introduce you to Allison and Jennifer Restemayer. This is her wonderful family. This is Allison here. Allison, from West Fargo, was almost 2 years old when she was diagnosed with a rare genetic disease. Allison's parents were told she would become severely mentally delayed by age 3, and she would likely pass away by the time she was 10 years old. I am so proud to tell you and so glad to tell you that this prediction did not come true.

Over the past several years, Allison has been able to get new, very expensive therapy that helps slow the progression of her disorder. Because there are currently no lifetime limits on coverage, Allison's family has been able to afford this treatment. Today, Allison is 16 years old. Allison needs physical therapy multiple times per week to truly make a difference in her life day to day and to help her live longer. Her private insurance covers just 12 physical therapy appointments per year. Allison is one of many children with disabilities or special needs on Medicaid, which covers the rest of her physical therapy.

For her and her family—you can see them here—who are so proud of the courage of Allison, it has been a lifeline, and it has been a lifegiver. But the Republican bill would enable insurance companies to impose lifetime maximums on coverage, which many North Dakotans, like Allison, would reach in no time. It would slash Medicaid—both expansion and traditional Medicaid—making it harder for families like Allison's to afford coverage and critical treatment for their children with special needs. The Restemayers should never ever have to worry.

I have spent a lot of time with Allison, and I think anyone who meets her knows that this world is a much better place with Allison healthy and alive. We are so proud to call her one of our friends. She has been an inspiration to me and my staff. She has participated in a lot of dialogues, and her advocacy has been absolutely instrumental in telling the story of families like hers in North Dakota.

I want to talk about Emerie and Amy Thom. At just 2 months old, Emerie, from Bismarck, had her first set of seizures and was diagnosed with a rare neurological condition. Her parents, Amy and Johnny, have crisscrossed North Dakota and visited many hospitals out of State to get Emerie the care she needs and to control her life-threatening seizures.

Emerie is now almost 4 years old and has spent a total of 8 weeks in the hospital since she was born. She receives therapy multiple times per week and needs various medical equipment. Just 1 month of therapy out-of-pocket would cost her family—good, hard-working people—\$3,000. Emerie is on

Medicaid, which has enabled her family to afford her hospital stays, her home healthcare, and her therapy. It has also enabled them to keep their daughter home with them in a loving family relationship, in a lovely family situation.

It is because of the access to Medicaid that this family has been able to stay in their home and keep their jobs, but the Senate Republican healthcare bill would rip Medicaid away from families like Emerie's. This family does not deserve that, and neither does any family who is working hard to take care of their children. These are all of our children, the children we see today who suffer from disabilities, who live and inspire us with their disabilities and their hope. This small help these families ask for from the Medicaid system should not be threatened, and these families should not be calling congressional offices begging us to please, please do everything we can.

Finally, I want to talk about Frances. Frances is one of the nicest people you are ever going to meet. For 25 years, she was a third grade teacher in Fessenden. When she was 21 years old, while she was teaching, she was diagnosed with a syndrome that affects the nerve endings in her body. She became paralyzed but taught herself to walk again. For the rest of her life, she will have to face the challenges that come with this disorder. Today, Fran can't walk anymore, and she has been in a wheelchair for the past 24 years.

For most of her life, Fran lived independently with her husband, who passed away in 2000. In the past few years, she has reached a point where she needs full-time care. She is now 84 years old. She lives in a nursing home in Harvey, and she has been there for 4 years. Fran had been in and out of nursing homes a few times beforehand, all which required private pay. Because of the extreme costs, Fran doesn't have any money or savings left. She spent it all on her healthcare.

Now she is one of many seniors on Medicaid, which enables her to afford the quality, long-term care she needs to live with dignity and support. At the nursing home, she gets extensive assistance with bathing, dressing, and doing any activities. Fran doesn't know what she would do without Medicaid. She doesn't have any children to help her. Her siblings are all older than she is, and they wouldn't be able to provide her with the level of care she needs. If it weren't for Medicaid, Fran would be out of options.

The Senate Republican bill threatens the coverage that Fran has and that so many others rely on. You know what, we cannot let that happen.

This issue has many faces. These are just three North Dakota faces I want to talk to you about. These families aren't interested in politics. They couldn't care less about politics. They want the ability to take care of themselves. There is no guilt to any of these conditions. There is no "you did it to yourself" to any of these conditions. This is the human condition.

We have to decide as a country, are we together in taking care of each other, or are we all on our own? That is the issue. How do we take care of the sickest among us? Are we together, or are we on our own? I believe we are stronger when we stand together to provide care to each other and to those who are not as fortunate.

I was talking to some of the families. It is hard when you are a mom, I think, to think about, well, what was your life with your child growing up? I had two children, born extraordinarily healthy. They barely missed a day of school, they were so healthy. They had an opportunity to engage in every level of activity, giving me and my husband the freedom to pursue other things in our lives. That is a gift. It is also a gift that we as a society can help those who don't have that level of good fortune but have children who need some special attention, children whose care you cannot afford on your own.

From the discussions I have had with so many of the families, very few of us could ever afford the medications and the therapies that guarantee quality of life not only for the child but for the family in terms of respite care.

Allison, Emerie, and Fran, we are going to keep talking about this, and we are going to keep evaluating all of the proposals that come our way. When they don't do right by you, Emerie, Allison, and Fran, when it is not the right solution for your family, it is not the right solution for North Dakota, and it is not the right solution for this country. We have work to do.

I know the Presiding Officer has been one of the leaders in analyzing and reviewing these bills. We have had a chance to have some discussions. I hope we will have further discussions about how we can continue to care for these wonderful North Dakotans.

The Presiding Officer knows story after story, having been a physician. Being a physician, my husband can tell you story after story about people who are challenged. In this system of healthcare, we all have to decide whether we stand alone or together. I believe America is stronger when we stand together and help each other.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### ABOLISH HUMAN TRAFFICKING ACT

Mr. CORNYN. Mr. President, I want to come to the floor to talk about healthcare, a subject I know the Presiding Officer feels passionate about as a medical doctor. But before I delve into the healthcare debate, I want to discuss briefly two important bipartisan pieces of legislation that I have been working on with my colleagues

across the aisle and that are moving forward today.

I know the strange thing about this place—by "this place" I mean Washington, DC—is that the bipartisan work we are able to do rarely gets much attention. What gets attention in the news is when we fight over controversial topics, but bipartisan legislation that actually helps people and that gets done here is rarely heralded or even noticed. So I think it is worth highlighting a couple of examples today.

Today, in the Senate Judiciary Committee, we passed the Abolish Human Trafficking Act, which I introduced with Senator KLOBUCHAR. As the father of two daughters, I am always reminded of the profile of a victim of human trafficking in this country, a girl between the ages of 12 and 14 years old, who perhaps has run away from home. Who knows what the circumstances are at home? But they are looking for a better life, only to find themselves in too many instances exploited and the victims of human trafficking.

This bill reauthorizes several critical trafficking victims protection act programs that help fight the scourge of trafficking so that survivors can get the help they need and our law enforcement officers can go after the perpetrators of this terrible crime.

A vital provision of this bill is an extension of the Domestic Trafficking Victims Fund, which provides critical resources that victims need to recover from this crime. Part of the fund is financed through fines collected on convicted traffickers, and last year it provided almost \$5 million in services for victims. Let me dwell on that for just a minute.

When I was privileged to be attorney general of the State of Texas, part of the job was to administer the Crime Victims' Compensation Fund. This was a fund into which fines and penalties of people convicted of criminal acts went into the Crime Victims' Compensation Fund, so we could then use grants for the victims of crime to help them recover. That is exactly the kind of model we created with the Domestic Trafficking Victims Fund. My hope is that over time it will produce more money that will be available to help the victims of human trafficking to a greater extent. That is the idea, and these are not tax dollars, so that is an additional benefit. It is actually the fines and penalties of the perpetrators that go into this fund that then help the victims to heal.

This bill also makes the Human Trafficking Advisory Council permanent so that the group of survivors who advise people like us on what additional tools are needed to combat trafficking can continue to do so.

On the preventive end, this legislation lends a hand to our Nation's law enforcement so they can track down perpetrators of the crime and bring them to justice. It implements screening protocols for the Department of

Homeland Security so that law enforcement officials at every level know how to spot trafficking victims and how to respond. This is actually a really important element of fighting human trafficking.

A few years ago, when we had the Super Bowl in Dallas, TX, I was shocked to learn that the Super Bowl is one of the largest human trafficking events during the year. That is pretty sobering and, frankly, disgusting. Training people, including law enforcement, to be able to identify victims of human trafficking, some of whom may not consider themselves a victim until it is too late, only to find themselves a victim of modern day human slavery—but being able to identify victims of trafficking so that we can get law enforcement involved and get them rescued is a big, important part of fighting this crime.

In the long run, this legislation requires the Department of Justice to implement a national strategy to reduce the demand of human trafficking by essentially putting the johns—the people who buy sex from trafficking victims—out of service. This is a cause that clearly crosses partisan lines, and it is literally a nonpartisan issue.

I am glad we are making progress on this. I am thankful for the bipartisan support of my colleague from Minnesota, Senator KLOBUCHAR, as well as the Judiciary Committee members like the chairman, Senator GRASSLEY, and the ranking member, Senator FEINSTEIN, and many other Members on both sides who are cosponsors.

#### JOBS FOR OUR HEROES ACT

Mr. President, the second piece of legislation I want to mention is the Jobs for Our Heroes Act of 2017. This, too, is a bipartisan bill that makes it easier for our veterans to get jobs in our Nation's trucking industry. The men and women in our military learn valuable skills that can easily be transferred to the private sector when they leave the military and become a veteran, and this bill is designed to help veterans transition from their military service to getting jobs in our Nation's trucking industry. This is an area that is constantly in need of trained people with commercial drivers' licenses who can work in this industry.

As I suggested, many of our military servicemembers have experience driving similar vehicles while serving in the Armed Forces. Yet for them to get a job in trucking, they are required to go through a very expensive and time-consuming training program as if they have absolutely no knowledge or job experience whatsoever, largely duplicating what they already know just because of the regulations. That doesn't make any sense to me.

The legislation that I have introduced with Senators ELIZABETH WARREN, TAMMY DUCKWORTH, and THOM TILLIS takes into consideration the previous training and experience of veterans and allows them to apply for an exemption so they can quite lit-

erally get on the road and start working without delay.

This bill is twofold. Not only does it encourage our transportation industry to hire veterans, it helps our veterans transition into civilian life, connecting them to a well-paying job and a meaningful career. I expect the Commerce Committee to consider and pass this bill, as well, today.

These are two bipartisan examples that show we actually can work together in the U.S. Senate in ways that will help all of our States and the people we serve.

#### HEALTHCARE LEGISLATION

Mr. President, there are subjects that are controversial. If there is one that sort of stands out above the rest, it is healthcare. Unfortunately, this has become all too much of a polarizing issue politically.

I happened to be in the Senate Chamber on Christmas Eve in 2009, at 7:30 in the morning, right before Christmas, of course, when our Democratic friends jammed through on a party-line vote the Affordable Care Act, now known as ObamaCare. I remember the promises the President made at the time. President Obama said: If you like your policy, you can keep your policy. That proved not to be true. He said: If you like your doctor, you can keep your doctor. Well, that wasn't true, either. Then he said: Well, you will be able to save \$2,500 per family of four on your premiums. What experience has shown us is that instead of a \$2,500 savings, a family of four has experienced a \$3,000 increase in their premiums. That is 105 percent in the 39 States or so that have ObamaCare exchanges.

ObamaCare has been a failure if you consider the promises that were made and the promises that were broken. In experience, what we have seen is insurance companies, because of flaws in the design, literally leaving the States, leaving insured people with no option when it comes to their insurance. Perhaps they do have an insurance policy available, but their premiums have gone through the roof, as I indicated earlier—105 percent on balance since 2013. Their deductible is frequently so high that they are denied the benefit of what insurance they have because they are basically self-insured at \$5,000, \$6,000, \$7,000, or more.

Yesterday, we announced that our work on a market-driven, patient-centered healthcare reform plan to replace ObamaCare would continue over the next few weeks. As I said yesterday, I expect that we will revisit the Better Care Act when we come back for the July work period, which is the week after the Fourth of July. As the Republican conference has continued our discussion on our plan to replace the failed Affordable Care Act, three things have become clear to me.

Let me start with the first one. The first one is that our Democratic colleagues are not willing to lift a finger to help. Surely, they have constituents, as I do in Texas, who are con-

tacting them, telling them about their horror stories with regard to no access to policies, premiums that are sky high, and deductibles that are unaffordable. Apparently, they are unmoved by those stories.

As we continue to move toward a Republican healthcare solution, which is what we are left with when our Democratic colleagues refuse to participate, I want to remind my colleagues as to why we have this choice before us and why the hard work is worth it.

All of us have our stories from our States about premium hikes and lost coverage and frustration at the hands of a convoluted law, but I want to talk about the story of a young lady from Fort Worth, TX.

She is a nurse who graduated from Texas Christian University in 2010. By her own account, she is young, in good health, and has a fulfilling career in the healthcare industry. Her first job took her to the Rio Grande Valley in South Texas. While she had to pay out-of-pocket for care, she only had a monthly healthcare premium of \$71, but after the ObamaCare bill passed in 2013, she said: "My plan disappeared." In other words, she was one of those who suffered from the broken promise that if you liked your plan, you could keep it, because it disappeared.

There was a new plan, but her deductible rose to \$8,500. Now, I do not know many people who could pay out-of-pocket \$8,500 for their healthcare before their health insurance kicked in. To add insult to injury, her monthly premium skyrocketed from \$71 to \$300. She is paying \$300 a month for a policy with a deductible of \$8,500. It is not worth very much. One year later, this plan under Blue Cross Blue Shield also disappeared, leaving her to consider the cheapest marketplace plan for \$400 a month. She started at \$71, went to \$300, and then went to \$400 a month for, what she called, a "dismal" policy.

Ultimately, she did find a more affordable plan for \$247 a month. Yet, every year, she has seen her premium grow. She started out at \$71, finally to end with \$247. That is three times-plus what she originally paid, and her premium continues to grow every year.

Yet, as a nurse, her perspective is not just about herself. She cares passionately about her patients as well.

She wrote this to me:

I'm irritated, but at least I can afford it. But who can't? A lot of folks and a lot of my patients! I certainly couldn't if I had a family.

Doing nothing is not an option, which is why I am mystified that our Democratic colleagues have simply refused to participate in the process. For 7 years, we have promised the American people we would replace ObamaCare with something better that would include market-based solutions in order to provide care that more people could afford. This is based on a principle that, I believe, is a core principle: If people have the choice between products, they will choose the one that

is best for them at a price they can afford. Competition actually benefits consumers by providing a better product at a cheaper cost. That is what market-driven competition is all about.

To me, the choice is pretty simple. We either get rid of this failed law and replace it with real reform or ObamaCare will continue to collapse, and millions more people will continue to be harmed.

Now, this is something former President Clinton said, you will remember, during the campaign, which proved to be a little bit of an embarrassing comment when he said that ObamaCare was the “craziest thing in the world.” This was the former President of the United States, a Democrat, who was the husband of the Democratic nominee for President in the 2016 election. He called ObamaCare the “craziest thing in the world” because he knew well that no matter who won the election, whether it was Hillary Clinton or President Trump, that we would be talking about how to protect the American people from this failing system known as ObamaCare.

Yet our Democratic friends are apparently resigned to continue to let the American people suffer rather than try to do what is right and help make things better.

The work we are left to do is hard, but it is no excuse for not trying. ObamaCare is hurting our country, and we have a chance to make it better and to right the path. I remain hopeful and optimistic because doing nothing is not an option.

Let me just conclude with this observation: What we are trying to accomplish with the Better Care Act encompasses four things.

First, we are trying to stabilize the current insurance market to make sure there are actually insurance policies available for people to buy rather than to see them flee the marketplace.

Second, we are trying to make sure we do everything we can to bring insurance premiums down—in other words, to make it more affordable—by eliminating some of the mandates that make it unaffordable right now.

The third thing we are trying to do is to protect people with preexisting conditions. The Better Care Act or the BCRA as it is known—the Better Care Reconciliation Act—maintains the status quo when it comes to protecting people against preexisting conditions. We do not want anybody who has lost his coverage to be denied coverage because of a preexisting condition when he tries to buy insurance from another insurance company. That is what happens when you change your job. That is what happens when insurance companies decide to leave the marketplace. They simply cannot afford to continue to write policies so you have to change policies, like this young lady—the nurse whom I mentioned—had to do on a couple of occasions.

The fourth thing we are trying to do is to stabilize one of the most impor-

tant safety net programs in our country, which is Medicaid. There are three basic entitlement programs—Medicare, Medicaid, and Social Security. We are doing everything we can to stabilize Medicaid because we believe it is important for low-income citizens to have access to healthcare through Medicaid if they cannot afford it through private insurance.

I want to just address some of the misinformation and, I think, outright falsehoods we have heard from some people about what the Better Care Reconciliation Act does to Medicaid.

I keep hearing people say this cuts Medicaid. It reduces the rate of growth of Medicaid, which is true. We basically put Medicaid on a budget, and we grow it year, after year, after year, as I will mention in a moment, but nowhere other than in Washington, DC, would anybody consider this a cut.

For example, in 2017, we will spend \$393 billion on Medicaid. Now, because this is a State-Federal cost share, in my State, it is either the No. 1 or No. 2 most expensive item in our spending under our State budget each year. It crowds out a lot of other things because it is so expensive. Yet it is uncontrolled, so, in 2017, we will see \$393 billion spent.

At the end of the budget window—10 years, reflected by 2026—the Federal Government will have spent, under the Budget Control Act, \$464 billion. That is a \$71 billion difference between 2017 and 2026. In no other alternate universe that I am aware of would this be considered a cut. This is an increase in Medicaid.

Now, we can have discussions—and we should and we are having discussions—as to: Is this an adequate rate of growth of Medicaid to meet the growing population and to make sure people are taken care of?

Nothing we do in this bill drops anybody from Medicaid, and the suggestion that it does is simply, I would suggest, not accurate, nor is it a cut. We can have discussions about what the proper rate of growth is, and we are having those discussions, but it is a fact, reflected by the Congressional Budget Office—which is the official scorekeeper in Congress—that, in 2017, we will spend \$393 billion, and under the Better Care Reconciliation Act, we will spend \$464 billion, which is a difference of \$71 billion over that 10 years.

I know we will have a lot more to talk about as we continue to debate this bill. My hope is that we will have a bill that we will be able to send to the Congressional Budget Office, which will take a couple of weeks to score—that is a requirement—before we can actually bring it to the floor. I hope that at some point in the not-too-distant future, we will be able to bring a bill to the floor and have a real debate and have an amendment process that will allow everybody and anybody in the Senate to offer amendments in order to change or modify the bill.

In the end, I believe we have to decide because doing nothing is not an

option. Doing nothing means consigning the people who are being hurt by ObamaCare today to continue to be hurt and to be priced out of healthcare entirely. To my mind, that is not a responsible thing for us to do.

That is why I support the Better Care Reconciliation Act. It is not a perfect bill, but it is the next step in helping us turn our current healthcare disaster around. At some point, I hope our Democratic friends will join with us, as they have done under the two bills I mentioned earlier, for this is one of the most important things we will do in the Congress. If you think about what touches people's lives in such a personal way, it is hard to think of anything that does that more than healthcare.

Right now, we are hearing a lot of scare stories and inaccuracies about what this bill does. There is plenty of room for debate and differences of opinion based on the facts, but as the saying goes, you are entitled to your own opinion, but you are not entitled to your own facts. Facts are facts, and based on the facts, we ought to argue our policy differences and then vote.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BLUNT). Without objection, it is so ordered.

#### LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I ask unanimous consent to proceed to legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### ORDER OF PROCEDURE

Mr. McCONNELL. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, it be in order to move to proceed to executive session to consider the nomination of Executive Calendar No. 104, William Hagerty to be Ambassador to Japan.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 104, William Hagerty to be Ambassador to Japan.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.